



Department of the Environment

Vehicle Emissions Inspection Program
MASTER CERTIFIED EMISSIONS TECHNICIAN

APPLICATION

A technician seeking certification as a Master Certified Emissions Technician (MCET) should complete this application and submit it to the address above or fax it to Imoni Boulter at (410) 537-4435. There is no application fee.

A. Technician Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home phone (____) _____ **Work phone** (____) _____

Are you currently, or were you ever, licensed as a MCET in the Maryland Vehicle Emissions Inspection Program? _____ **If yes, give MCET number** _____

B. Requirements for Certification. To be certified as a MCET you must answer, "yes" to all questions. "ASE" refers to the National Institute of Automotive Service Excellence.

1. Do you have a valid ASE certificate in:

a. Electrical Systems (A-6)? _____ **Expiration Date** _____

b. Engine Performance (A-8)? _____ **Expiration Date** _____

c. Advanced Engine Performance (L-1)? _____ **Expiration Date** _____

2. Have you ATTACHED A COPY of your valid A-6, A-8, and L-1 certificates to this application? _____

3. Do you have five (5) years of full-time work experience performing emissions-related repairs on non-diesel/non-electric on-road vehicles? _____

If not, do you have four (4) years of full-time experience performing emissions-related repairs on non-diesel/non-electric on-road vehicles and two (2) full years of full-time education related to the repair of non-diesel/non-electric on-road vehicles? _____

C. Work Experience/Education.

Are you currently employed at a Certified Emissions Repair Facility (CERF)? _____ **Facility #** _____

Are you currently employed at a Fleet Inspection Station? _____ **Facility #** _____

C. Work Experience/Education, Continued.

Present Employer _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (_____) _____

Specific Types of Repairs Performed _____

Dates Employed: From _____ / _____ **To Present**
Month Year

Number of hours worked/week _____

Prior Employer _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (_____) _____

Specific Types of Repairs Performed _____

Dates Employed: From _____ / _____ **To** _____ / _____
Month Year Month Year

Number of hours worked/week _____

Prior Employer _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (_____) _____

Specific Types of Repairs Performed _____

Dates Employed: From _____ / _____ **To** _____ / _____
Month Year Month Year

Number of hours worked/week _____

Educational Facility _____

Address _____

City _____ **State** _____ **Zip** _____

Dates Attended: From _____ / _____ **To** _____ / _____
Month Year Month Year

Type of Course work _____

Total Credits Earned _____

D. Certification.

To the best of my knowledge, the information on this application is accurate. I understand that failure to provide accurate information could result in denial of a Master Certified Emissions Technician Certificate.

Signature

Date